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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	CMC-007CI
	First Named Inventor	Kohane
	Title	System and Method for Providing Personal Control of Access to Confidential Records Over a Public Network

APPLICATION ELEMENTS		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form and a Check 2. <input checked="" type="checkbox"/> Small Entity Status <input type="checkbox"/> Applicant claims small entity status <input checked="" type="checkbox"/> Status established in prior application and is still proper and desired 3. <input checked="" type="checkbox"/> Specification and Drawings [Total Pages 49] - Written Description - (36 pages) - Claims - (5 pages) - Abstract - (1 page) - Sheets of Drawings - (7 sheets) <input type="checkbox"/> Formal <input checked="" type="checkbox"/> Informal		ACCOMPANYING APPLICATION PARTS 8. <input type="checkbox"/> 37 CFR 3.73(b) Statement (<i>when there is an assignee</i>) <input type="checkbox"/> Power of Attorney 9. <input type="checkbox"/> English Translation Document (<i>if applicable</i>) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input checked="" type="checkbox"/> Preliminary Amendment (5 pgs.) <input type="checkbox"/> Drawings [Total Sheets]
4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 6] a. <input type="checkbox"/> Newly executed (original) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <i>[Note Box 5 below]</i>		
5. <input checked="" type="checkbox"/> Incorporation by Reference (usable if Box 4b is checked) The entire Disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		12. <input checked="" type="checkbox"/> Return Receipt Postcard (<i>specifically itemized</i>) 13. <input type="checkbox"/> Certified Copy of Priority Document(s) (<i>if foreign priority claimed</i>) 14. <input type="checkbox"/> Nonpublication Request Under 35 U.S.C. 122(b)
6. <input checked="" type="checkbox"/> Application Data Sheet 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <input type="checkbox"/> Computer Readable Form (CRF) <input type="checkbox"/> Paper Copy (identical to computer copy) <input type="checkbox"/> CD (2 copies) (identical to computer copy) <input type="checkbox"/> Statement verifying identity of above copies		15. <input type="checkbox"/> CD in duplicate for large table or computer program 16. <input type="checkbox"/> Other:
17. <input checked="" type="checkbox"/> If a CONTINUING APPLICATION: --This is a <input checked="" type="checkbox"/> continuation <input type="checkbox"/> divisional <input type="checkbox"/> continuation-in-part of prior application Serial No. 09/410,717, filed October 1, 1999, which claims the benefits of and priority to U.S. provisional application serial no. 60/150,154 filed August 20, 1999. Priority to the above application(s) is claimed under 35 U.S.C. 120. Prior application information: Examiner: Truong, Thanhnga B., Group/Art Unit: 2172.		
18. <input type="checkbox"/> Priority - 35 U.S.C. 119 <input type="checkbox"/> Priority of application Serial No. _____ filed on _____ in _____ is claimed under 35 U.S.C. 119. <input type="checkbox"/> The certified copy has been filed in prior U.S. application Serial No. _____/_____ on _____. <input type="checkbox"/> The certified copy will follow.		
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK
Direct all correspondence to:		Respectfully submitted,  Jennifer A. Camacho Attorney for Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100 Customer No. 021323

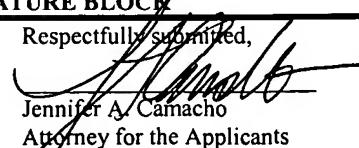
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Complete if Known	
Application Serial Number	Not yet assigned
Filing Date	Herewith
First Named Inventor	Kohane
Group Art Unit	Not yet assigned
Examiner Name	Not yet assigned
Attorney Docket No.	CMC-007C1

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																		
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2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		2. FEE CALCULATION																																																																																																		
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